To All Pipeline Operators:

Reference: National Pipel	line Mapping System
Operator ID:_	

On December 17, 2002, Congress signed into law the Pipeline Safety Improvement Act of 2002. Within the act, Congress mandated that each operators of a hazardous liquid or gas transmission or LNG pipeline facility provide information for incorporation into the National Pipeline Mapping System (NPMS), within 6 months of enactment of the law. The law also required that an operator identify and submit a contact that can be reached by the general public. (Note: More information about NPMS and submittals can be found on web site http://ops.dot.gov/notices/AdvisoryBulletin/03-2449.pdf) on February 3, 2003, which appeared in the Federal Register (i.e., FR, Vol. 68, No. 22, Monday, February 3, 2003, page 5338), for the general public (which includes all operators). OPS also conducted NPMS public meetings and operator conferences via various industry groups and forums. Furthermore, two weeks before the deadline date of June 17, 2003, OPS contacted all operators listed in its files to forewarn of the impending deadline for this material.

In order to enforce compliance, OPS will use a method of escalating fines that may reach the maximum authorized by the Pipeline Safety Improvement Act of 2002. The maximum is \$100,000 per day with a maximum aggregate penalty of \$1,000,000. OPS will consider company size in evaluating the fine amount for small pipeline operators. All submittals will be reviewed and any falsification of data will be dealt with accordingly.

In order to expedite and verify your NPMS submittals, please select the status of your NPMS submittal, from the attached *pdf* formatted surveys, and provide the information requested in each selection that applies to you. You can either email or facsimile your information to:

Email address: RBuzzard@mbakercorp.com

Attention: Ronnie Buzzard

Facsimile Number: 703-960-9125

NPMS INFORMATIONAL QUESTIONNAIRE

Contact Information:

Operator (Company) Name:		
Operator Address (Street, C	ity, State, and Zip code):	
Street:		
City	State:	Zip:
Company Representative Su	bmitting this Questionnaire:	
	Title:	
Telephone:	Fax:	Email:
Street:		
City	State:	Zip:
I attest that the info knowledge, true and accurat	<u> </u>	1, 2, 3, or 4 is, to the best of my
Signature]	Date:
Section 1: Status: I have submitted the	e required NPMS data information	on including general public contact
information on or before Jun		
☐ Section 2:		
	e required NPMS information in ne 17, 2003, <u>but</u> I believe <u>it is ei</u>	cluding general public contact ther incomplete or may contain
some errors.		
☐ Section 3:		
Status: I have not submitte	d the required NPMS data inform	nation on or before June 17, 2003.
☐ Section 4:		
Status: I have not submitte	d operator contact information	that can be accessed by the
general public on or before	June 17, 2003.	

Alternative to Email or Facsimile
Submit completed form(s) via certified mail with return receipt to:

NPMS Enforcement Tracking Coordinator NPMS National Repository Michael Baker Jr., Inc. 3601 Eisenhower Avenue, Suite 130 Alexandria, VA 22304

For Non-Enforcement NPMS Data Information: Contact Ron Buzzard @ (703) 317-6205

1.	Date of submittal: Under what company name was it be submitted:
2.	Under what company name was it be submitted:
3.	Operator ID:
4.	Pipeline System Name:
5.	Pipeline Mileage:
6.	Commodity Transported:
7.	Form of submittal (e.g., digital or hardcopy)
8.	Submittal address (if applicable):
	Street:
	City State: Zip:
9.	Street: City State: Zip: Did you receive an email receipt(s) from the National Repository? Circle ei
	Yes or No
	If yes, what was the submission number(s) assigned by the National Reposit
10	. Does evidence of any other form of delivery exist? Circle either <i>Yes</i> or <i>No</i>
	If yes, please note what that evidence is and attach a photocopy of receipt of confirming document.
11	Provide any additional information that you may think is relevant to this in

some errors. 1.	Did you receive an email receipt(s) from the National Repository? Circle either <i>Yes</i> or <i>No</i> If yes, what was the submission number(s) assigned by the National Repository.
2.	Does evidence of any other form of delivery exist? Circle either <i>Yes</i> or <i>No</i> If yes, please note what that evidence is and attach a photocopy of receipt or other confirming document.
3.	Date you intend to update or correct your original submittal:
4.	Under what company name will it be submitted:
6. 7. 8. 9.	Operator ID: Pipeline System Name: Pipeline Mileage: Commodity Transported: Form of submittal (e.g., digital or hardcopy) Submittal address (if applicable) of original: Street: City State: Zip: Provide any additional information that you may think is relevant to this inquiry:

1.			ormation on or before June bmitted the NPMS informations
	-		
	=		
	-		
2.	When do you intend o	on submitting the requ	aired information:
3.	Under what company	name will it be subm	itted:
4	Operator ID:		
6.	Pipeline Mileage:		
	Commodity Transpor		
			7)
	Company Representa		
	Name:		Title:
	Telephone:	Fax:	Email:
	Street:		
	City	State:	Zip:
10	•		ding Enforcement Action:
			Title:
	name:		
	Name: Telephone:	Fax:	
	Telephone: Street:	Fax:	Email:

	not submitted operator contact information that can be accessed by the
	$\underline{\mathbf{c}}$ on or before June 17, 2003.
1.	Indicate the reason(s) why you have not submitted contact information:
2.	When do you intend on submitting the required information:
3.	Under what company name will it be submitted:
4.	Operator ID:
	Pipeline System Name:
	Pipeline Mileage:
	Commodity Transported:
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